



County Borough of Warley
Education Committee

School Health 1971

ANNUAL REPORT
of the
Principal School Medical Officer
for
1971

RICHARD J. DODDS, M.B., B.S., D.P.H.,
Medical Officer of Health
and
Principal School Medical Officer

SCHOOL HEALTH 1971

Annual Report of the Principal School Medical Officer of Warley

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SCHOOL HEALTH SERVICE STAFF

PRINCIPAL SCHOOL MEDICAL OFFICER:

R. J. Dodds, M.B., B.S., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER:

R. F. Joanes, M.B., B.S., D.P.H.

SENIOR SCHOOL MEDICAL OFFICERS:

M. Sheila A. Carroll, M.B., B.Ch., B.A.O., D.P.H.

T. Anderson, M.B., Ch.B., D.P.H.

SCHOOL MEDICAL OFFICER:

Anne Napier, M.B., Ch.B.

PART-TIME AND SESSIONAL SCHOOL MEDICAL OFFICERS:

Patricia W. R. Anderson, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.

Frances Campbell, M.B., Ch.B.

Jean E. Cumming, M.B., Ch.B.

Patricia Hadden, M.B., Ch.B., D.Obst.R.C.O.G.

W. Mary Lambourne, M.B., Ch.B.

D. W. Simpson, M.B., Ch.B.

E. M. McFall, M.B., B.Ch., B.A.O.

W. Cowan Crawford, L.R.C.P., L.R.C.S., L.R.F.P.S.

Anne Benn, M.B., Ch.B. (to 31.10.71)

F. Constance Myatt, M.B., Ch.B., D.P.H., D.I.H. (to 30.9.71)

Kathryn L. Cave, M.B., B.S., M.R.C.S., L.R.C.P. (from 26.1.71)

Margaret P. Paterson, M.B., B.S., D.C.H. (from 1.8.71)

S. M. N. Fahey, M.B., B.Ch., B.A.O., N.U.I. (from 20.9.71)

Brigid C. Fahey, M.B., B.Ch., B.A.O., N.U.I. (from 1.11.71)

Janet Riley, M.B., Ch.B., D.C.H. (from 1.10.71)

H. M. Rodger, M.B., Ch.B. (from 1.11.71)

OPHTHALMIC SPECIALISTS (SESSIONAL):

Guy F. Siggins, M.R.C.S., L.R.C.P., D.O.M.S.

J. A. Cox, M.B., B.S., D.O.

S. W. Kingsley-Norris, B.Com.Birm., M.R.C.S., L.R.C.P., D.O.

J. A. Austin, M.B., Ch.B., D.O., D.O.M.S.

M. Hussain, M.B., B.S., D.O.

CONSULTANT CHILD PSYCHIATRIST (SESSIONAL):

Helen Lloyd, M.B., B.Ch., D.P.M., M.R.C.Psych. (from 1.2.71)

PRINCIPAL SCHOOL DENTAL OFFICER:

J. Charlton, L.D.S., R.C.S., B.D.S., D.D.H., D.D.P.H.

DEPUTY PRINCIPAL SCHOOL DENTAL OFFICER:

Ursula M. Sanders, B.D.S.

SENIOR SCHOOL DENTAL OFFICER:
Janet B. White, B.D.S. (to 31.10.71)

SCHOOL DENTAL OFFICERS:
R. Pillai, B.D.S.
Margaret Macleod, B.D.S. (to 1.12.71)
Giovanna M. Baileff, B.D.S. (to 30.11.71)
Z. Piwko, B.D.S.

SESSIONAL SCHOOL DENTAL OFFICERS:
P. Gordon, B.D.S.
P. Jacobsen, B.D.S., L.D.S. (to 22.11.71)
D. F. Ridler, L.D.S.
Judith Horsfield, L.D.S., R.C.S. (from 3.5.71)
Y. Sadiq, B.D.S.
R. Levine, L.D.S., R.C.S., B.Ch.D. (to 6.4.71)
G. Worrall, B.D.S. (from 11.11.71)

ANAESTHETISTS:
H. Barrada, M.B., Ch.B., M.R.C.S., L.R.C.P.
N. A. J. Slater, M.B., Ch.B., D.A., D.Obst., R.C.O.G. (from 20.5.71)
Brigid C. Fahey, M.B., B.Ch., B.A.O., N.U.I. (from 28.6.71)

PRINCIPAL NURSING OFFICER:
Dorothy Hunt, S.R.N., S.C.M., H.V.Cert.

SENIOR HEALTH VISITOR/SCHOOL NURSE:
Mary Adams, S.R.N., S.C.M., H.V.Cert.

GROUP ADVISERS/SCHOOL NURSES:
Johanna I. Howard, S.R.N., S.C.M., H.V.Cert. (Part-time)
Margaret Brown, S.R.N., S.C.M., H.V.Cert. (Part-time to 31.10.71)
Joan E. Barlow, S.R.N., S.C.M., H.V.Cert.

PHYSIOTHERAPIST:
Carol V. Sammons, M.C.S.P.

SENIOR SPEECH THERAPIST:
Marjorie L. Ingamells, L.C.S.T.

SPEECH THERAPISTS:
Zelda B. Statman, L.C.S.T.
Maria P. Sharpe, L.C.S.T.

CLERICAL STAFF:

Administrative Assistant: T. K. Boston

Doris C. Tipping	Christine M. Walker
Nona L. Rogers	Kathleen Bell
Gail L. Davis	Winifred Stanford (to 30.6.71)
Yvonne L. Barrett (from 1.9.71)	Annie Tromans (from 19.7.71)

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SCHOOL HEALTH 1971

PART I - INTRODUCTION

As Principal School Medical Officer I have pleasure in introducing my report for the year. Previous reports have opened with a reference to the uncertainties which face the School Health Service because of the imminence of the reorganisation not only of local government but also of the National Health Service. With both these major changes due to be accomplished in the early part of 1974, it is amazing that at the time of writing no decision has yet been reached on the future staffing of the School Health Service—whether it is to remain with local government or become a responsibility of an integrated National Health Service.

Good progress has been made during the year with the diagnosis, treatment and education of maladjusted children in Warley. The appointment by the Regional Hospital Board of Dr. Helen Lloyd as Child Psychiatrist to this area (forecast in my last report) is especially welcome. Dr. Lloyd took up her duties on 1st February and the new day school for maladjusted pupils—Birchley School—came into use shortly afterwards. The Headmaster, Mr. J. Arrow, has been good enough to let me have a report on the work of the school during 1971; this is printed on a later page together with the reports of the head teachers of the other special schools. I am once more indebted to the Deputy Principal School Medical Officer, Dr. R. F. Joanes, for all the work he has most competently carried out day by day in the School Health Service. He has written at length on the activities of the year; this will be found in Part Two of this report. The fullness of his account renders it un-necessary for me to write in detail in this introductory note.

The difficult-to-justify and hurtful adjective “ineducable” passed into history during the year. Local Education Authorities are now responsible for the education of all children between prescribed ages, whether at school or not. As a result of the operation of the Local Authority (Handicapped Pupils) Act the scope of education within the school system will of course have to be widened. One practical effect of the operation of the Act is that the former Junior Training Centres run by the Health Department—The Albert Bradford Centre and the Tividale Junior Training Centre became on the 1st April respectively the Albert Bradford and Regent Special Schools. The change will no doubt in due course be reflected in improved education and end results for the pupils when they are transferred to the Causeway Green Senior Training Centre and elsewhere.

The increase in the number of schoolchildren on the roll to 28,493 is only in small part due to the transfer of the Junior Training Centres which together catered for less than 150 children. The Principal School Dental Officer comments on the larger number of children who have to be examined to determine dental fitness. Despite a satisfactory dental staffing position during the year which resulted in more examinations and treatment being given, the loss of dental

auxiliaries meant unfortunately that the volume of dental health education had to be reduced temporarily. Somewhat fewer children were examined at periodic medical inspections than last year; this was partly due to the number of special medical examinations which had to be made during the Autumn term for the purpose of assessing the continued need for school milk for certain junior schoolchildren. Dr. Joanes has dealt with this in some detail.

Once more I would like to express my appreciation to the Chairman and Members of the Education Welfare Sub-Committee, to the Chief Education Officer and his staff for the way School Health Service matters have been dealt with during the year. Mr. C. E. Robin, who had been Chief Education Officer since Warley was formed as well as in Smethwick previously, retired on 31st March. Mr. Robin always took a particular interest in special schools and I am sure that the staff of the School Health Service would wish to join me in the somewhat belated expression of good wishes in his retirement. We welcome Mr. H. N. Atherton, the newly appointed Chief Education Officer who took up his duties on 1st April, 1971. My sincere thanks are due to Dr. Joanes, Mr. Boston and the staff of the School Health Service office for their good work during the year.

RICHARD J. DODDS

PART II - WORK OF THE SCHOOL HEALTH SERVICE DURING 1971

I am indebted to the Deputy Principal School Medical Officer, Dr. R. F. Joanes, for the following report:

1971 proved to be quite an eventful year for the School Health Service. Two of our major tasks have been the setting up of a child guidance service in one of our own clinics and the opening of Birchley School for maladjusted children.

Early in the year, Dr. Helen Lloyd, Consultant Child Psychiatrist, was appointed by the Regional Hospital Board for work in several of the black-country Boroughs, including Warley. Mr. Arrow took up his appointment on 1st January as Head Teacher of the day school for maladjusted children which opened later in the year. Our first priority was considered to be the opening of the school. Many meetings were held with Dr. Lloyd and Mr. Arrow to devise policy and methods of working in relation to the admission of children and the building up of an effective team at the school. A considerable number of children (about 60 - 70) were investigated in detail and discussed to select an initial intake for the opening of the school which took place in June. These included children already at residential schools, at the Firs School and those attending psychiatric and other clinics. Also reviewed were a number of children who had been seen by the Educational Psychologist.

It was decided quite early on that no child should be admitted without the recommendation of a child psychiatrist and steps were put in hand to obtain the necessary recommendations from all the specialists concerned in the local hospitals and clinics. This also offered an opportunity of making these specialists aware of the new school. It was realised that the initial intake would have to be carefully selected; it was felt unwise to collect together a group of aggressive and over-active children. A number of the children eventually selected were children who had been away from school for school refusal. It might be added that all these children, after admission, attended Birchley School regularly, including one who had been absent from school for 2 - 3 years.

It was also apparent that a good deal of supportive work would be needed with the parents. Eventually, a psychiatric social worker was appointed for the school and her work is proving to be of great help in giving support to the parents of the children in the school. Also visiting the school on a weekly basis is Dr. Helen Lloyd, our Consultant Child Psychiatrist, who supervises the treatment of the children in the school.

Running concurrently with the opening of Birchley School was the setting up of a child guidance clinic. Initially, it was decided to hold sessions in one of the child health clinics. It soon became apparent that unless better facilities were provided the child guidance team would not be properly effective and with the co-operation of

the Health Committee arrangements were made to adapt one of our own lesser used clinics to provide more suitable accommodation. Harvest Road Clinic was selected and a number of maternal and child welfare and other sessions were transferred elsewhere making Harvest Road Clinic available for child guidance purposes most of the week. Although located in the Rowley Regis area, it has a 'bus service stop outside the building, and by suitable connections can be reached from all over the Borough. At the time of writing, the alterations have been completed and there is now accommodation for a specialist and medical assistant, two clerical staff, a social worker and an educational psychologist. In September, Mr. R. W. Hart was appointed Educational Psychologist and together with Miss M. Cockin, Social Worker, complete the initial team. There is also a waiting room for the patients and a small play area under the observation of the psychologist.

As a result of all these activities, the situation with regard to maladjusted children has taken a turn for the better. Hitherto, maladjusted children were seen by specialists in a number of clinics and hospitals outside the area, which meant for the parents a long and tiresome journey. If special schooling was necessary, only residential schools at high cost to the Authority were available. Furthermore, there has been a serious shortage of places at residential schools, which meant long delays in the placement of children. A close working relationship between the child guidance clinic and day school has been established. This is made possible by the fact that the staff of the child guidance clinic also see the children in the school setting. The School therefore not only has an educational function, but also a therapeutic one. The preliminary results of all these activities are now very encouraging; a number of parents of the children concerned have remarked on the great improvement in their children's behaviour. We are indeed indebted to Dr. Lloyd and Mr. Arrow for all their help and guidance in this critical formative period when it is essential to build a good team both educational and medical.

In addition to the opening of Birchley School, two further special schools became the concern of the School Health Service when the two junior training centres were transferred from the responsibility of the Health Committee to the Education Committee. For many years there has been a growing conviction that children formerly classed as severely subnormal should be taken into the educational system. As a result of legislation this became a reality on April 1st. In practice, the continued medical supervision of these children did not change. The Senior Medical Officer who had been visiting the schools also continued albeit within the School Health Service. The Director of Social Services arranged for an experienced former mental welfare officer to be seconded to this work to look after the welfare interests of the children thus continuing the service which had already been built up. As schools, they have the benefit of the services of speech therapists. Because of difficulties of giving speech therapy to these children the Education Committee agreed for these

and other reasons to increase the establishment of Speech Therapists by one, so enabling more time to be given to this challenging group of children.

The impact of being part of the education system will be felt in the future. In the present state of knowledge the main aim is to teach the children to fit into society. There are as yet many unanswered questions. Should severely subnormal children start their education at the nursery age? Should they stay at school longer than at present, as their mental age at 16 years may be sufficiently advanced for some kind of education to take place, or is it better to transfer at the age of 16 years to sheltered employment rather than try reading, writing and arithmetic? Are completely new methods of teaching needed to equip the severely subnormal adult for a more purposeful life in the community? Clearly further research and study is needed both now and in the future. An even bigger problem is the child who is not only mentally handicapped but also severely handicapped physically; this may be in addition to blindness or deafness. Life for the parents of such children can be extremely arduous due to the constant attention needed to overcome a condition which may be so severe that even the basic functions of life cannot be carried out without the help of other people. A small unit to cater for this kind of handicap is now being planned for the Albert Bradford School.

Another exercise which engaged the attention of the School Health Service in the late summer was the result of the Education (Milk) Act 1971. This followed the Government's decision to stop the issue of free milk at the end of the school year in which the 7th birthday occurred unless the child was attending a special school or had a medical reason for its continuation. It was decided that the requirements of the Act could only be met by asking all parents with a child in junior school if they wished to apply for free milk on behalf of their children and then examining all these children, together with others named by teachers, doctors and nurses. By mutual arrangement with the Education Department, a circular letter was prepared and sent to all parents of children in the junior schools and junior age classes in the second week of the Autumn term. A substantial number of applications were received and the children concerned were examined by teams of doctors and nurses who visited the schools in order to provide suitable certificates where necessary. By early October, 467 children had been examined and of these, 315 (65%) were considered to need the milk. The selection of children for free milk did not stop there. As indicated, all medical and nursing staff were instructed to look out for children needing milk for health reasons in the effective age group, thus making the provision of free milk a continuous process. By the end of the year a further 51 children had been examined and of the total 578 children for the year examined, 355 were issued with permits for free milk, making 68% in all.

During the year there has also been a 30% increase in infested heads. It seems that the standard insecticides such as Gamma B.H.C. and D.D.T. used against nits and lice are becoming less effective

probably because of the development of a resistance to these agents. Although the reservoir of infection is amongst a very small proportion of families with social difficulties, any child who comes into contact with another child's head already infested may acquire this condition. Lice and nits are no respecters of social class. Fortunately a new preparation has come onto the market and is being used in certain cases. It appears to have many advantages over the standard preparations.

These remarks are intended to give information about some of the notable problems of 1971, but little would have been accomplished without the help and guidance of Dr. Dodds, the medical staff, Mr. Boston and the staff of the School Health Section.

PART III - REPORT ON THE SCHOOL DENTAL SERVICE FOR 1971

Against the background of frequent reports from other Local Authorities in the area of their difficulties in obtaining dental staff it is encouraging to be able to report a further improvement in the staffing position for Dental Officers. Over 10% more treatment sessions were worked during 1971 by Dental Officers, this in spite of the substantial growth in the School Population. Warley still has one of the most favourable dentist-patient ratios in the Midlands. In contrast, however, to this healthy situation with Dental Officer staffing, no Dental Auxiliaries have joined the staff during the year. In view of the difficulties in attracting Dental Auxiliaries, the Principal School Dental Officer visited the School for Dental Auxiliaries at New Cross Hospital, London, and also attended part of the Annual Meeting of the British Association of Dental Auxiliaries in November. Following these visits applications have now been received from two Auxiliaries who are expected to join the service in 1972.

The statistics of dental work done during the year show a continuation of the rise reported last year. The number of patients treated was up by over 1,000 representing an increase of nearly 20%. Thus during 1971 a record 27% of the School Population received treatment from the service. In addition to this, over 82% of the School Population had dental inspections. During the year patients made over 22,000 visits for treatment, an increase of nearly 1,000 visits and 20,000 fillings and 6,000 extractions were done. The ratio of deciduous teeth filled to those extracted was exactly the same as last year, 1.13: 1, maintaining the great improvement over 1969 and in spite of the absence of Dental Auxiliaries there was an increase of 10% in the number of patients treated topically with fluoride solution.

As a result of the absence of Dental Auxiliaries the Dental Health Education work has not been as comprehensive as in some previous years. A number of projects have been undertaken during the year and I would wish to express my thanks to Mr. Belding, the Health Education Officer, both for the help and co-operation we have received from him and also for the amount of Dental Health Education that he has himself undertaken in the schools. There can be little doubt that if Dental Health Education is to be successful it needs to be undertaken jointly with the teaching profession and the organization of school or class projects seems to be a very useful way of involving children actively in dental health work.

As on so many previous occasions one cannot refer to preventive work in children's dentistry without again stressing the urgent need for fluoridation of the water supply. Perhaps this could be highlighted by drawing attention to the fact that over 66% of all the teeth extracted were from children between the ages of 5 - 9 years. There can be no doubt that had the water supply been fluoridated at the same time as Birmingham's water supply some years ago, a large number of these extractions would have not been necessary.

In conclusion, I would like to thank the Dental Staff for their support during the year and in particular my Deputy, Miss Mary Sanders and Mrs. Sylvia Hancox, whose secretarial assistance has been invaluable. In addition, I would like to again record my appreciation of the co-operation of the Head Teachers, the Teaching Staff and School Secretaries of Warley Schools and finally I would like to thank Dr. Dodds and the staff of the Health Department for their valuable assistance.

J. CHARLTON,

Principal School Dental Officer

**PART IV - NOTES AND NUMERICAL DETAILS OF THE
WORK OF THE SCHOOL HEALTH SERVICE
DURING THE TWELVE MONTHS ENDED 31st
DECEMBER, 1971**

SCHOOL ACCOMMODATION AND POPULATION

Education for Warley children is provided in 60 Primary Schools and 22 Secondary Schools, the latter including one Grammar School for boys, one Grammar School for girls, two Grammar Schools for boys and girls, one Technical School for boys and girls and one Comprehensive School. In addition there are three Nursery Schools, a School for the Physically Handicapped and Delicate, a School for the Maladjusted and four Schools for the Educationally Subnormal, two of which were formerly Junior Training Centres. There are nursery classes at Abbey Infant, Crocketts Lane, Corbett Street, Oldbury Road and the Uplands Schools.

Details of the number of children on roll are set out below:—

PRIMARY SCHOOLS						No. on Roll (Shown on Form 7 January, 1972)
Abbey Junior	..	..	..	..	..	417
Abbey Infants'	..	..	..	..	..	346
Albion Junior	..	..	..	..	..	364
Annie Lennard Infants'	..	..	..	..	..	194
Bearwood Junior and Infants'			..	..		462
Blackheath Junior	..	..	..	..		238
Blackheath Infants'	..	..	..	..		214
Bleakhouse Junior	..	..	..	..		300
Brandhall Junior	..	..	..	..		297
Brandhall Infants'	..	..	..	..		194
Brasshouse Infants'	..	..	..	..		207
Brickhouse Primary	..	..	..	..		162
Cape Junior	..	..	..	..		422
Cape Infants'	..	..	..	..		268
Causeway Green Junior		..	..	..		366
Causeway Green Infants'		..	..	..		237
Corbett Street Infants'		..	..	..		307
Corngreaves Primary	..	..	..	..		330
Cradley Heath Infants'		..	..	..		62
Crocketts Lane Junior	..	..	..	..		475
Crocketts Lane Infants'	..	..	..	..		283
Devonshire Junior	..	..	..	..		597
Devonshire Infants'	..	..	..	..		384
George Betts Junior and Infants'		..	..	..		497
Grace Mary Primary	..	..	..	..		280
Highfields Primary	..	..	..	..		486
Langley Junior	..	..	..	..		262
Langley Infants'	..	..	..	..		228
Lightwoods Primary	..	..	..	..		362

PRIMARY SCHOOLS—*continued*

No. on Roll
(Shown on Form 7
January, 1972)

Merry Hill Infants'	..	..	..	..	105
Moat Farm Junior	..	..	..	..	625
Moat Farm Infants'	..	..	..	..	309
Oakham Primary	..	..	..	..	499
Oldbury Road Infants'	..	..	..	..	293
Old Hill Primary	..	..	..	..	268
Perryfields Primary	..	..	..	..	293
Reddal Hill Primary	..	..	..	..	143
Rood End Junior	..	..	..	..	334
Rood End Infants'	..	..	..	..	246
Rounds Green Junior	..	..	..	..	372
Rounds Green Infants'	..	..	..	..	224
Rowley Hall Primary	..	..	..	..	506
Springfield Junior	..	..	..	..	257
Springfield Infants'	..	..	..	..	281
Temple Meadow Primary	..	..	..	..	280
Timbertree Primary	..	..	..	..	204
Tividale Primary	..	..	..	..	348
Tividale Hall Primary	..	..	..	..	305
Uplands Junior	..	..	..	..	427
Uplands Infants'	..	..	..	..	314
Warley Infants'	..	..	..	..	219
Waterloo Road Primary	..	..	..	..	258
Whiteheath Infants'	..	..	..	..	273
Whiteheath Junior	..	..	..	..	269
Christchurch C. of E. Infants'	..	..	..	..	135
St. Francis Xavier R.C. Primary	..	..	..	..	230
St. Gregory's R.C. Primary	..	..	..	..	262
St. Hubert's C.P.	..	..	..	..	211
St. Matthew's C. of E. Primary	..	..	..	..	235
St. Philip's R.C. Primary	..	..	..	..	223

SECONDARY SCHOOLS

No. on Roll
(Shown on Form 7
January, 1972)

Albright Boys'	..	..	..	..	..	336
Albright Girls'	..	..	..	..	..	348
Bristnall Hall Boys'	..	..	..	..	..	403
Bristnall Hall Girls'	..	..	..	..	..	402
Cradley Heath	..	..	..	..	..	252
Holly Lodge Boys'	..	..	..	..	..	683
Holly Lodge Girls'	..	..	..	..	..	639
Macefields (Boys and Girls)	..	..	..	..	..	314
Oldbury Grammar	..	..	..	..	..	551
Oldbury Technical	..	..	..	..	..	557
Perryfields	..	..	..	..	..	458
Rowley Regis Boys'	..	..	..	..	..	437
Rowley Regis Girls'	..	..	..	..	..	300
Rowley Regis Grammar (Boys and Girls)	..	..	..	..	..	538

SECONDARY SCHOOLS— <i>continued</i>						No. on Roll (Shown on Form 7 January, 1972)
Sandwell Boys'	..	..	..	..	..	346
Sandwell Girls'	..	..	..	..	..	271
Shireland Girls'	..	..	..	..	..	361
Smethwick Hall Boys'	..	..	..	..	..	464
Smethwick Hall Girls'	..	..	..	..	..	406
Tividale Comprehensive			..	..	..	976
Uplands Boys'	..	..	..	..	..	369
St. Michael's C. of E.	..	..	..	..	..	225
SPECIAL SCHOOLS						
Albert Bradford	..	..	..	..	..	53
Arden	..	..	..	..	..	126
Birchley	..	..	..	..	..	14
Firs	..	..	..	..	..	80
Knowle	..	..	..	..	..	135
Regent	..	..	..	..	..	52
OTHER						
Britannia Park Nursery		..	..	..	..	51
Cradley Heath Nursery	..	..	..	..	..	51
Edith Sands Nursery	..	..	(56 full-time 50 part-time)			106
TOTAL SCHOOL POPULATION						28,493

SPECIAL SENSES

VISION

Schoolchildren's vision is tested annually either at school medical inspections or by vision screening.

The number of children examined during the year at school medical inspections whose vision was found to be defective was 535 of whom 157 were referred by school doctors as new cases for refraction. The former figure includes all those children seen at school medical examinations whose visual defect had been ascertained previously and who were already receiving treatment. In addition 40 cases of squint were referred to an Ophthalmic Surgeon for treatment. The percentage of defects under this heading was 9.49% of the children examined.

The following is a summary of the work carried out at the Ophthalmic Clinics during the period:

Total number of children examined	..	..	2,097
Total number of glasses prescribed	..	..	953
Total number of treatments	..	..	148
Referred to hospital	..	..	31
New Cases	..	..	625
Glasses prescribed	..	..	346
Treatments	..	..	3
Referred to hospital	..	..	9

Re-examinations	1,313
Glasses prescribed	583
Treatments	145
Referred to hospital	18
Toddlers examined	159
Glasses prescribed	24
Treatments	—
Referred to hospital	4

Children are given a colour vision test at the age of 11 years.

HEARING

The testing of hearing is carried out by the school nurses on children soon after their admission to the Junior School. Other children may be referred from clinics, school medical inspections and by the Head Teacher or Speech Therapist. Any child with a hearing loss is referred to an audiometric clinic where the audiogram is checked and further testing carried out by a medical officer. Children may be given advice, referred to the family doctor for treatment or, where appropriate, to an ear and throat surgeon. During the year 1,792 children were examined for hearing defects and 318 were referred for further hearing investigation.

One audiometric session is held each week at the Cape. "Hollies" and Carlyle Road Clinics. 704 children were seen at the Clinics and recommendations were made as follows:—

(1) Refer to general practitioner	2
(2) Refer to ear and throat surgeon	23
(3) Refer to other clinics	5
(4) Continue to observe	409
(5) Discharge	265

INFECTIOUS DISEASES

1. TUBERCULOSIS

PREVENTION

At the beginning of the year the parents of all 13 year old school-children were offered the opportunity of having their children in this age-group protected if necessary against tuberculosis by use of B.C.G. vaccine.

The following table shows details of B.C.G. vaccination during 1971. It is very gratifying to report an acceptance rate of 83·9%.

(a) No. of children eligible	2,073
(b) No. of children whose parents accepted the offer of B.C.G. vaccination	1,738 (83·9%)
(c) No. of children skin tested after elimination of T.B. contacts	1,720
(d) No. of children who were positive to skin tests and therefore did not need vaccination	232 (13·5%)
(e) No. of children vaccinated with B.C.G.	1,438

The rate of positive reactions to the Heaf tests for all children tested was 13·5%. 111 of the children tested were Indian or Pakistani in origin and of these 63 were Heaf positive, though 35 were only mildly positive reactions, giving a rate of 56·8%. Of the remainder of the children tested 169 gave positive reactions, though 122 of these were only mildly positive, giving a rate of 10·5%.

All positive reactions indicate that the children concerned have been in contact with the disease and that the reservoir of infection within the community is still very much present. No active case of tuberculosis was found following X-ray examination of these children.

Children suspected to be suffering chest ailments are referred for diagnosis and treatment to the Firs or Dudley Chest Clinics where they are kept under prolonged observation. X-ray examination and Mantoux tests are carried out where necessary as an aid to diagnosis.

INCIDENCE

During the year 320 children of school age, including “contacts” of known patients, came under the observation of the Chest Clinics for the first time. The findings in these cases were as follows:

		CHEST CLINIC	
		Firs	Dudley
No. found non-tuberculous	.. ..	265	36
No. found tuberculous:	Pulmonary ..	7	—
	Other forms	1	—
Number under observation:	Pulmonary	5	6
	Other forms	—	—
Total number of attendances	.. ..	932	58

2. ACUTE INFECTIOUS FEVERS

PREVENTION

Tetanus		Diphtheria/ Tetanus		Diphtheria/ Whooping Cough/ Tetanus	
F.C.	Booster	F.C.	Booster	F.C.	Booster
3	5	361	2,218	18	18
Poliomyelitis		Measles		Rubella	
Sabin					
F.C.	Booster				
457	3,044	326		1,539	

INCIDENCE

The following table gives details of infectious disease (other than tuberculosis) notified among schoolchildren during 1971:

Dysentery	..	..	..	..	..	5
Measles	..	..	..	..	..	183
Scarlet Fever	..	..	..	..	..	37
Whooping Cough	..	..	..	..	..	7
Infective Hepatitis	..	..	..	..	..	13
Typhoid	..	..	..	..	..	1
Food Poisoning	..	..	..	..	..	5

WORK OF THE SCHOOL NURSES

SCHOOLS

Assisting at School Medical Officer Sessions, including preparation	470
Examination of heads for nits, ringworm, etc. ..	64,851

SCHOOL CLINICS

Inspection: Clinic Sessions	508
Treatment: Clinic Sessions	1,521
Eye Clinic Sessions	209

HEAD CLEANSING

Number of Sessions	304
Number of Treatments	1,089

VISITS TO HOUSES

Defects and "Following up"	576
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MINOR AILMENTS

Minor ailments are treated by Health Visitors and School Nurses at all the School Clinics in the area. Full details of defects treated at these clinics for the period under review are provided in the tables on pages 35 to 40.

ULTRA-VIOLET RAY TREATMENT

Ultra-Violet Ray Clinics were held at Holly Lane and The Hollies. The number of children treated was 43 and 565 attendances were made.

The chief conditions for which children were referred for light treatment were adenitis, bronchitis, frequent colds, and catarrh, post-whooping cough, debility and tuberculosis contacts.

CLINICS AND TREATMENT CENTRES

The following tables show the number of sessions held weekly at the various clinics:

BLEAKHOUSE ROAD CLINIC, OLDBURY

Minor Ailments:

Medical Consultations: 9.30 - 12 noon alternate Thursdays

Treatment: 9 - 11 a.m., Monday and Thursday

Ophthalmic: 9 - 12 noon, Wednesday

Orthoptic: 9 - 12 noon, 2 - 4 p.m., Friday

Enuresis: In conjunction with Consultation Clinic

Dental: By appointment.

BRANDHALL CLINIC, OLDBURY

Minor Ailments:

Medical Consultations: 9.30 - 12 noon, alternate Thursdays

Treatment: 9 - 10.30 a.m., Tuesday and Thursday

Enuresis: In conjunction with Consultation Clinic.

CAPE HILL CLINIC, SMETHWICK

Minor Ailments:

Medical Consultations: 9.30 - 12 noon, Friday

Treatment: 9 - 10.30 a.m., Tuesday, Thursday and Friday

Enuresis: In conjunction with Consultation Clinic

Dental: By appointment

Audiometric: 9.15 - 11 a.m., Monday

CARLYLE ROAD CLINIC, ROWLEY REGIS

Minor Ailments:

Medical Consultations: 9.30 - 12 noon, alternate Mondays

Treatment: 9 - 10 a.m., Tuesday and Friday

Enuresis: In conjunction with Consultation Clinic

Dental: By appointment

Audiometric: 9.30 - 11.30 a.m., Wednesday.

ELM TERRACE CLINIC, TIVIDALE

Minor Ailments:

Medical Consultations: 9.30 - 10.45 a.m., Monday

Treatment: 9 - 11 a.m., Monday and 9 - 10 a.m., Thursday

Dental: By appointment

Enuresis: In conjunction with Consultation Clinic.

FIRS CLINIC, FIRS LANE, SMETHWICK

Minor Ailments:

Medical Consultations: 9.30 - 12 noon, Tuesday

Treatment: 9 - 10.30 a.m. daily

Dental: By appointment

Cleansing: 9.30 a.m. - 12.30 p.m. daily

Chest: 10 a.m. - 12 noon, Tuesday

Enuresis: In conjunction with Consultation Clinic

Immigrant Medical Inspections: 2 - 4 p.m., Wednesday.

HARVEST ROAD CLINIC, ROWLEY REGIS

Minor Ailments:

Treatment: 9 - 11 a.m., Tuesday.

“HOLLIES” CLINIC, JOININGS BANK, OLDBURY

Minor Ailments:

Medical Consultations: 9.30 - 12 noon, Wednesday

Treatment: 9 - 11 a.m., Monday, Wednesday and Friday

U.V.L.: 9 - 11 a.m., Thursday

Enuresis: In conjunction with Consultation Clinic

Audiometric: 9.30 - 11.30 a.m., Tuesday.

HOLLY LANE CLINIC, SMETHWICK

Minor Ailments:

Medical Consultations: 2 - 4.30 p.m., Thursday

Treatment: 9.30 - 10.30 a.m., Tuesday, Thursday and Friday

U.V.L.: 11 - 12 noon, Tuesday and Friday

Ophthalmic: 3 - 4.30 p.m. alternate Mondays
 2 - 4.30 p.m., Tuesday
 2 - 4.30 p.m. alternate Thursdays
 Dental: By appointment
 Enuresis: In conjunction with Consultation Clinic

MACE STREET CLINIC, CRADLEY HEATH

Minor Ailments:
 Medical Consultations: 9.30 - 12 noon, Tuesday
 Treatment: 9.30 - 11 a.m., Tuesday and Thursday
 Enuresis: In conjunction with Consultation Clinic

STANHOPE ROAD CLINIC, SMETHWICK

Minor Ailments:
 Medical Consultations: 9.30 - 12 noon, Monday
 Treatment: 9 - 11 a.m., Monday, Wednesday and Friday
 Enuresis: In conjunction with Consultation Clinic
 Dental: By appointment.

TABERNACLE CLINIC, TALBOT STREET, OLDBURY

Minor Ailments:
 Medical Consultations: 11 - 12 noon alternate Mondays
 Treatment: 9 - 10 a.m., Monday and Wednesday
 Enuresis: In conjunction with Consultation Clinic
 Dental: By appointment.

WHITEHEATH CLINIC, HARTLEBURY ROAD, OLDBURY

Minor Ailments:
 Medical Consultations: 11 - 12 noon, alternate Mondays
 Treatment: 9.30 - 10.45 a.m., Monday
 Enuresis: In conjunction with Consultation Clinic.

ORTHOPAEDIC AND POSTURAL DEFECTS

Children with orthopaedic defects are referred to Smethwick Orthopaedic Clinic or to local hospitals. The number of children attending Smethwick Orthopaedic Clinic during the year was 123. The Secretary of the Smethwick Clinic has kindly let me have the following summary of defects:

<i>Type of Defect</i>						<i>Boys</i>	<i>Girls</i>
Development Abnormalities:							
(a)	Knock Knees	..	..	..	..	10	10
(b)	Flat Feet	..	..	..	..	2	2
(c)	Deformed Feet	..	..	..	..	20	8
(d)	Intoeing	..	..	..	..	5	—
(e)	Pes Cavus	..	..	..	..	3	4
(f)	Hallux Valgus	..	..	..	..	—	2
(g)	Scoliosis	..	..	..	..	—	1
(h)	Kyphosis	..	..	..	..	—	2

<i>Type of Defect</i>						<i>Boys</i>	<i>Girls</i>
Congenital Dislocation of the Hip	..	..	..	..	..	—	2
Spastic Conditions	..	..	..	..	..	3	—
Poliomyelitis	..	..	..	..	..	—	3
Osgood-Schlatters Disease	..	..	..	..	..	2	1
Miscellaneous	..	..	..	..	..	19	24
						—	—
TOTALS						64	59
						==	==

MEDICAL EXAMINATION OF CHILDREN FROM OVERSEAS

A special session is held weekly at the Firs Clinic for the examination of children, prior to entry to school, who have recently arrived from overseas. At the first visit particulars are taken, a Heaf test is performed and a specimen of faeces is requested. At the second visit the Heaf Test is read and B.C.G. given to tuberculin negative children. A physical examination is carried out including a vision test. A urine specimen is taken from the child and tested and the faeces specimen is sent to the Public Health Laboratory. On the third visit the results of the tests are correlated and arrangements are made for further investigation and treatment if necessary. A fitness certificate is issued where appropriate.

During the year 185 children were examined who arrived from the following countries:

India	..	..	..	90	South Yemen	..	..	4
West Indies	..	..	..	40	Hong Kong	..	..	3
Pakistan	..	..	..	21	Australia	..	..	3
Kenya	..	..	..	8	New Guinea	..	..	2
Zambia	..	..	..	7	Cyprus	..	..	1
North America	..	..	..	5	Italy	..	..	1

34% were found to be Heaf positive all of whom were grade 1. Intestinal parasites were found in 16% of Indians, 30% of West Indians and 29% of Pakistanis. Parasites were also found in 2 children from Hong Kong and one from South Yemen. Also found were one child with severe anaemia who had been admitted to hospital, one child who was deaf and one with thalidomide deformities.

SPEECH THERAPY

I am indebted to Mrs. M. L. Ingamells, Senior Speech Therapist, for the following report:

Over the last five years the work of Speech Therapy has changed greatly—in fact Speech Therapy could be regarded as a misnomer and perhaps Language Therapy would be more appropriate. Language structure and fluency are more important to the development of communication, personality and educational skills than the actual mechanics of speech, which were formerly stressed.

With the appointment of a third speech therapist, we have been able by consistent treatment to reduce the number of severe cases in Secondary and Junior Schools. Most of our referrals are now at the pre-school and early infant level. It is the assessment of the pre-school child that should be of primary importance followed by parental guidance and correct treatment. Severe articulation defects in the under five year old are usually an indication of a language problem and perceptual difficulties. Little direct therapy is given to articulation defects at this stage, as too much concentration on a specific sound could impede the development of language and give the child a sense of failure. Therefore, regular treatment with perceptual training is given; this consists of training auditory memory, visual memory, sound discrimination, muscular co-ordination and rhythm, etc. In this way we are correcting the root cause and not just the symptom.

The language group at Edith Sands Nursery progresses well and we hope to place the more problematic pre-school language deficient here, although places are naturally limited to maintain the correct ratio to other nursery children who speak normally. One of our therapists works four times weekly and teaching staff reinforce her work. Assessment meetings are held regularly and correct school placement is more possible at 5 years.

Some of our most severe speech and language cases have continued to be placed in the Firs School, where treatment is given regularly and is again reinforced by staff. Work is regularly assessed on a consultative basis.

In the time I have been working for Warley, it has become obvious that the former once-weekly treatment in the clinic is inadequate except in the milder cases and intensive therapy courses were started.

In 1971 the Education Welfare Sub-Committee proposed that the Speech Therapy staff be increased to four. We hope that a fourth appointment will be made in 1972, which will enable us to extend our work in Intensive Therapy and also to give more treatment to E.S.N. and S.S.N. children. It is surely more important to give one word where there is none, to give the opportunity to a non-communicating child to express its feelings, its needs to others and to relieve its frustrations rather than to beautify speech.

The following is a summary of the work carried out by the Speech Therapists during the year:

1.	Under treatment at the 1st January, 1971	..	..	320
2.	Waiting list at the 1st January, 1971	..	..	120
3.	Additions to Waiting List	..	..	224
4.	Received speech therapy	..	..	543
5.	Removals from waiting list	..	..	249
6.	Discharges: No further treatment required	..	..	223
7.	Under treatment at the 31st December, 1971	..	..	346
8.	Waiting list at the 31st December, 1971	..	..	121

EDUCATION OF HANDICAPPED PUPILS

1. NEW RECOMMENDATIONS

Assessments carried out during the year resulted in the following recommendations being made:—

		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Educate at Schools for the:				
Blind	Day	—	—	—
	Boarding	1	—	1
Partially Sighted	Day	3	—	3
	Boarding	1	—	1
Deaf	Day	—	—	—
	Boarding	1	—	1
Partially Hearing	Day	—	—	—
	Boarding	—	—	—
Delicate and Physically Handi- capped	Day	27	16	43
	Boarding	4	2	6
Educationally Sub-normal ..	Day	64	33	97
	Boarding	7	3	10
Epileptic	Day	—	—	—
	Boarding	1	1	2
Maladjusted	Day	13	3	16
	Boarding	6	—	6
For Home Supervision (E.S.N.)		—	—	—
Educate at Ordinary School and refer to:				
Psychiatrist		53	15	68
Educate at Ordinary School ..		31	8	39
Educate at Ordinary School (Partially Hearing)		3	1	4

2.—AT THE END OF THE PERIOD UNDER REVIEW THE LOCAL EDUCATION AUTHORITY WAS SUPPORTING HANDICAPPED CHILDREN AT THE FOLLOWING INSTITUTIONS AND SCHOOLS:

	<i>Maintaining Authority</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
BLIND AND PARTIALLY SIGHTED:				
Exhall Grange, Coventry ..	Warwickshire	1	1	2
Priestley Smith School, Perry Common Rd., Birmingham 23	City of Birmingham	4	—	4
George Auden School, Bell Hill Northfield	City of Birmingham	5	5	10
Lickey Grange, Nr. Bromsgrove	Voluntary	1	2	3
DEAF AND PARTIALLY HEARING:				
Mount School, Stoke-on-Trent	Voluntary	1	1	2
Burwood Park, Surrey	Voluntary	1	—	1
Braidwood School for the Deaf, Perry Common Rd., Birming- ham 23	City of Birmingham	1	1	2

	<i>Maintaining Authority</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Longwill School for the Deaf, Perry Common Rd., Birmingham 23	City of Birmingham	3	3	6
Martley R.S.D.C., Worcester ..	Voluntary	1	—	1
Birmingham Royal School for the Deaf	Voluntary	1	—	1

PHYSICALLY HANDICAPPED:

Wightwick Hall, Wolverhampton	W'hampton	3	—	3
Chailey Heritage, Sussex ..	Voluntary	—	1	1
Baskerville, Birmingham ..	City of Birmingham	1	3	4
Hinwick Hall, Wellingborough	Voluntary	1	—	1
Carlson House for Spastics, Harborne	Voluntary	1	4	5
Wilson Stuart School, Birmingham	City of Birmingham	2	3	5
Firs School, Warley	Warley	20	15	35

SPASTIC/SEVERELY SUBNORMAL:

Meldreth Manor, Royston, Herts.	Voluntary	1	—	1
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DELICATE:

Mounton House, Chepstow ..	Monmouth	1	—	1
Kingswood, Albrighton ..	W'hampton	—	2	2
Heathercombe Brake School, Teignmouth	Voluntary	1	—	1
Port Regis, Broadstairs ..	Voluntary	3	—	3
Fairfield House School, Broad- stairs	Voluntary	—	7	7
Devonport Houses, Buckfast- leigh	Voluntary	1	—	1
Hunters Hill, Bromsgrove ..	City of Birmingham	1	—	1
Firs School, Warley	Warley	18	6	24

MALADJUSTED:

Clouds House, East Knoyle, Salisbury, Wilts.	Voluntary	1	—	1
Edward Rudolph Memorial, London	Voluntary	3	—	3
Whittington Grange School, Whittington	West Brom.	3	—	3
Shenstone Lodge, Shenstone ..	West Brom.	—	1	1
Potterspury Lodge, Towcester	Voluntary	1	1	2
Burnt Norton, Chipping Camp- den	Voluntary	1	—	1
Bodenham Manor, Hereford ..	Voluntary	1	—	1

		<i>Maintaining Authority</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Firs School, Warley .. ..	..	Warley	5	2	7
Pontville, Ormskirk .. ..	..	Voluntary	1	—	1
Birchley School, Warley ..	..	Warley	12	3	15

EDUCATIONALLY SUBNORMAL:

St. Mary's, Horam .. ..	..	East Sussex	1	—	1
Fitzwarren School, Tipton ..	..	West Brom.	5	3	8
Halesbury, Halesowen .. ..	..	Worcs.	10	8	18
Loxley Hall, Uttoxeter .. ..	..	Staffs. C.C.	3	—	3
Pield Heath House, Uxbridge		Voluntary	—	3	3
St. John's, Kemptown, Brighton		Voluntary	4	—	4
Beechwood School, Liverpool		Liverpool	—	3	3
High Close, Wokingham .. ..	..	Voluntary	—	1	1
Spring Hill, Ripon .. ..	..	Voluntary	3	—	3
Hindley Hall School, Stockfield		Gateshead	1	—	1
Ryton Hall, Shifnal .. ..	..	W'hampton	2	—	2
Beacon, Lichfield .. ..	..	Walsall	1	—	1
Arden School, Warley .. ..	..	Warley	66	57	123
Aldwark Manor, Alne .. ..	..	Hull	1	—	1
Knowle School, Warley .. ..	..	Warley	95	40	135

SEVERELY SUBNORMAL:

Albert Bradford, Warley ..	..	Warley	29	17	46
Regent School, Warley	Warley	33	18	51

SPEECH DEFECT:

Firs School, Warley	Warley	9	1	10
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EPILEPTIC:

Firs School, Warley	Warley	2	2	4
David Lewis, Alderley Edge	Voluntary	1	—	1

The following table summarises the position as regards handicapped pupils placed and awaiting places at Special Schools at the 31st December, 1971:—

<i>Category</i>		<i>Placed</i>	<i>Awaiting Places</i>	<i>Total</i>
Blind and Partially Sighted ..	..	21	2	23
Deaf and Partially Hearing ..	..	14	6	20
Physically Handicapped .. ..	..	42	1	43
Delicate .. ..	..	54	18	72
Maladjusted .. ..	..	34	4	38
Educationally Subnormal ..	..	414	109	523
Speech Defects .. ..	..	10	2	12
Epileptic .. ..	..	5	3	8

ARDEN SCHOOL

I am indebted to Mr. J. M. Adair, Head Teacher for the following report:

This year's statistics show a fairly equable state of affairs as far as the children are concerned though, unlike last year, there have been extremes—three children transferred to ordinary school while one vanished into the care of the Director of Social Services. It has been possible to maintain a reasonable proportion as between boys and girls, but not so easy to maintain the age range at the younger end.

The staffing situation has been less equable; maternity, promotions and course secondment all took their toll. The lowest ebb was reached when illness intervened and the school was left without Home Economics and Handicrafts Departments and with five class teachers for six classes for the whole term from Whitsun to Summer.

Of the 21 children who left school all but two girls obtained employment. Twenty-seven children were admitted which was a good reduction of the waiting list that, like the poor, is always with us.

One of the senior boys blossomed forth as an expert cyclist; he took part in Cyclo Cross competitions and the English Schools' Cycling Association's National Championship and acquitted himself well.

Difficulty over the decimalisation of money proved to be less than expected and the children adapted quite quickly. The change over to metric measurement is likely, however, to be a greater hurdle.

One great improvement was the establishment last year of a full-time senior post in Handicraft teaching to which an appointment was made. Also the remodelling of the workshop was undertaken and extra equipment put on order.

The Summer educational visit was to Cheddar Gorge and Caves with a "preliminary canter" to Weston for lunch by the sea. Christmas had its Carol Service and impromptu concert for home consumption; the last day of term was an occasional holiday for the Christmas Party which was greatly enjoyed.

A sad event of the year was the death of the Chairman of the School Managing Body. Alderman Phillips was a great friend and a wise counsellor—we could not afford to lose him.

ADMISSIONS AND DISCHARGES DURING THE YEAR 1971:

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on Register at 1st January, 1971	70	55	125
Number admitted during the year ..	13	14	27
Number discharged during the year ..	15	14	29
Number on Register at 31st December, 1971	69	54	123

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
PUPILS DISCHARGED:			
Transferred to Albert Bradford School ..	2	—	2
Reached statutory leaving age	11	8	19
No longer required special educational treatment	1	1	2
Left district	—	3	3
Transferred to Community School ..	—	1	1
Transferred to Ordinary School	1	1	2

THE KNOWLE SCHOOL

I am indebted to Mr. E. Jones, Head Teacher, for the following report:

Statistics obtained during the year for the basic subjects reflect a measure of progress for most children. However, in cases where children have not responded in the way we anticipated, guidance has been sought from the Borough's Psychologist. The need for constant scrutiny and re-assessment has always been uppermost in our minds.

Social activities during the year have not been ignored and have included the following:—

1. Formation of an association of parents and school called P.O.P.S. (Partnership of Parents and School).
2. A Parents' Fish and Chip Supper.
3. Our annual visit to the pantomime, this year "Robinson Crusoe", at the Alexandra Theatre.

Educational activities have been of a varied nature including visits to Dudley Zoo, Aston Hall, Science Museum, Bescott Marshalling Yards, Barry Island, Llandudno, Wicksteed Park and Ribblesford School Camp.

In anticipation of the arrival of the Junior Training Centres into the educational field, a close liaison was established between Mrs. Boot and us, which culminated in an exchange of visits between the teachers of both establishments. It was, I felt, vitally important for my staff to be educated in the problems faced by our colleagues in this sphere. This knowledge has been further reinforced by a series of visits to the Causeway Green Adult Training Centre.

The Work Preparation programme has developed apace in this respect and visitors to the school have included Mr. Don Scriven, Estate Agent, Mr. Bird, Deputy Housing Manager, Mr. Gill, Group Training Officer, Building Construction, and Mr. Price, Parks Department. Externally visits were made to examine the Parks Department facilities, a crystal glass factory, and factories under the Providence Training Scheme. Inter-disciplinary co-operation has been much in evidence in this programme.

Mr. Boothby my deputy and Mr. Artess, Vocational Guidance Officer, have visited the homes of Easter and Summer '71 leavers in

the evenings, and acquainted themselves with the wishes of the parents. This has enabled us to see *both* parents, not always convenient during a day session. This procedure has enabled Mr. Artess to see, at first hand, the nature of the children's difficulties and the consequent problem of the correct placement in employment. He has supplemented this by spending a weekly period with the school leavers and Mr. Forbes, in the classroom setting.

In order to minimise the difficulties that school leavers face on entering employment, arrangements have been made with Mr. Stokes and Mr. Finch, of the Providence Training Group, for the supply of articles for assembly work, dexterity exercises and timed assignments. This is being done, at the present moment, in the school workshop, but it is envisaged ultimately that the school leavers will be accommodated in a building away from the school. Copies of the events leading up to the establishment of such a centre in Portsmouth have been sent to Dr. Dodds and Mr. Atherton.

In drawing this report to a close, I must reflect and proffer thanks to Dr. Dodds and his Staff for all the support we have received during the year, through the fortnightly visits made by Dr. Anderson, the weekly visits made by the School Nursing Staff, the Dental Department, the Speech Therapy Service and Mr. Belding, Health Education Officer. It would be extremely discourteous if I did not place on record my gratitude to Mr. Belding for accepting a challenge to instruct a group of E.S.N. children in Health Education, incorporating a Sex Education Programme.

ADMISSIONS AND DISCHARGES DURING THE YEAR 1971:—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on Register at 1st January, 1971	77	30	107
Number admitted during the year ..	24	12	36
Number discharged during the year ..	6	2	8
Number on Register at 31st December, 1971	95	40	135

PUPILS DISCHARGED:—

Transferred to Arden School	2	1	3
Transferred to Boarding School	1	—	1
Transferred to Ordinary School	1	—	1
Reached statutory leaving age	2	—	2
Left District	—	1	1

ALBERT BRADFORD SCHOOL

I am indebted to Mrs. S. A. Reeves, Head Teacher, for the following report:

On 6th January, 1971 we commenced our last term under the administration of the Health Department, with 49 children between the ages of five and eighteen. We had been well looked after by the Mental Health Sub-Committee and officers of the Mental Welfare Department, under Dr. Dodds. The facilities for the subnormal child had built up over the years into a good comprehensive service and

we were anxious that the transfer of responsibility to the Local Education Authority should maintain these high standards.

As staff, we were fortunate in being met with much courtesy and consideration by the officers of the Education Department, and by our Managing Body, so the transfer was a smooth one. It is too early to draw conclusions about the future, but a good start has been made by the provision of extra welfare and ancillary staff, the availability of courses to improve staff training and the physical resources of the Education Department with combined help and guidance of education advisers should result in an improvement in the learning opportunities available to the children.

Our Parent-Teacher Society is gaining ground and provides a good opportunity for exchange of information about the children, without which it is impossible to create a sound educational programme. Our parents are assisting us in the swimming lessons, which take place at Langley Baths, and skating for the older group at Bearwood Ice Rink. We are grateful to Girls and Staff of Albright Girls' School, who are helping to teach the children (even as young as six years of age) to swim.

To end the Summer term, the children performed a dance drama, "The Owl and the Pussy-cat" to an audience of parents and overseas students. A project of this kind provides an "end of the year" report for parents as it encompasses all the work which has been going on in the field of physical education during the year.

Twenty-four children enjoyed a week's holiday at Pengwern Hall, near Rhyl, in September.

During the Autumn term, the former female Craft Room was converted for use as an Assessment Unit, and three children were admitted. This group has now been combined with a group of children of similar age from the normal population of the school.

We have been fortunate this year in being presented with several gifts, the largest of which was a trampoline and this is proving invaluable as a piece of remedial equipment.

A disturbing aspect of the year was the appearance of vermin infestation in several children's heads. This was an entirely new problem and we have tackled it by daily inspections and regular treatment. It is not, however, yet fully stamped out.

I would like to end with the hope that the problem of the profoundly handicapped children in the borough, for whom as yet no provision is made, will be tackled in the near future. These children provide a tremendous challenge to medical officers, administrative officers, teachers and all concerned with the problem. Facilities for them cannot be provided cheaply, but nevertheless, I feel they should be provided as a priority.

ADMISSIONS AND DISCHARGES DURING THE YEAR 1971:

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on Register at 1st January, 1971	29	20	49
Number on Register at 31st December, 1971	34	20	54

THE REGENT SCHOOL

I am indebted to Mrs. E. J. Boot, Head Teacher, for the following report:—

The early months of the year brought anxiety as well as hope to many of us working in what were formerly known as Junior Training Centres, for it was apparent that legislation to bring severely sub-normal children under the Education Service had been speeded up. The operative date for the transfer of responsibility was to be April 1st, and it was encouraging to know that in Warley County Borough the transfer went smoothly. The Local Health Authority had hitherto provided for the needs of the children in a most efficient manner, and I am indebted to Dr. R. J. Dodds, staff of the Health Department and Mental Welfare Officers, for their interest, encouragement and invaluable help over the years.

Education in its broadest sense had been a reality long before the 1st April by those of us actively engaged in the teaching of severely subnormal children. It would seem unreasonable therefore to expect any drastic changes in our teaching methods, as a result of the transfer of responsibility. One thing which we looked forward to were the tremendous opportunities in the field of Special Education, and our belief that we should become an integral part of this system has been reinforced over and over again. The provision of an overhead projector, cassette tape recorders with junction boxes, and other audio/visual aids, has helped to reinforce in a more objective way many of the programmed activities, so that children have a better concept and are more readily motivated. New Physical Education equipment has also been provided, and we are truly grateful to Mr. S. Hill and Mr. J. A. Rowlands, for all that they have done in the interest of the school.

Children thoroughly enjoy their weekly swimming sessions, and two children have gained First-Stage Certificates for completing one length of the swimming bath.

The seaside holiday in May proved very successful indeed and a party of 21 children accompanied by members of staff, thoroughly enjoyed a week's stay at the Derbyshire Miners' Holiday Centre, Rhyl. The Warley contingent took 1st, 2nd and 3rd prizes in the Fancy Dress Competition and several prizes in the Talent Competition.

Activities throughout the year have been many and varied, older children now exchange library books in the mobile library, and take sheer delight in selecting a book of their own choice.

A Harvest Thanksgiving Service on October 14th was a most successful event; the children provided a special musical item on this occasion.

Mrs. H. N. Atherton consented to declare the 'Christmas Fayre' open on the 19th November; this event was well patronised and more than £245 was raised.

We were delighted to welcome Mr. and Mrs. Atherton to a special showing of the children's Nativity Play on the 13th December; a repeat performance for parents was held on the 15th December.

The usual Christmas Festivities were celebrated, and the children enjoyed the many extras provided during the Festive Season.

ADMISSIONS AND DISCHARGES DURING THE YEAR 1971:

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number on Register at 1st January, 1971	34	19	53
Number admitted during year	—	1	1
Number re-admitted during year	—	1	1
Number discharged during year	2	1	3
Number on Register at 31st December, 1971	32	20	52

THE FIRS SCHOOL

I am indebted to Mrs. D. Davis, Head Teacher, for the following report:—

Looking back over last year although there have been many staff changes and the usual number of pupil changes, 1971 seems to have been a year of consolidation in which we have taken stock, planned our strategies and organised our campaigns.

With the opening of the Birchley School, we are already seeing a decline in the number of our maladjusted children. There has consequently been a slight increase in our physically handicapped population and in the number of children on our roll with grave speech and language problems.

Our thinking therefore, to a large extent, has been concentrated on physical education and on communication; in these two fields we have received incalculable assistance from Mr. J. A. Rowland, Adviser in Physical Education for the Authority and from Mrs. M. Ingamells, Senior Speech Therapist, and her team.

We are grateful to Mrs. Sammons, our physiotherapist, not only for her consistent work with those children who need her specialised knowledge and techniques, but also for the practical support she gives to the teachers in their routine P.E. work, for the high standard of proficiency we are achieving at the Swimming Baths, for a colourful and exciting sports afternoon geared to the most handicapped and for a display of 'Wheelchair Dancing' which we were able to demonstrate at the Music Festival last March.

The raising of the Teaching Establishment and the appointment of Mrs. Oldfield as Remedial Teacher has, in this connection, been of enormous benefit to the school. This versatile young woman not only battles with the learning problems of children with perceptual difficulties but obtains from the older girls a very high standard of needlework, organises a games session for the children in wheelchairs

and P.E. for the oldest children in school. She also helps with wheel-chair dancing.

The appointment of a teacher (part-time) to reinforce the work of the Speech Therapists and to concentrate on the problems of the children with severe language difficulty was also a happy innovation. Already there has been a marked improvement in the general language structure of these children and a steady development of their awareness of the world around them.

So, in spite of a year of population changes, the school forges steadily ahead.

The 80 children on the Register at the 31st December, 1971 were placed in the following categories:—

					Boys	Girls	Total
Epileptic	..	..	..	..	3	3	6
Maladjusted	..	..	..	..	4	2	6
Autistic	..	..	..	..	1	—	1
Physically Handicapped:							
Spina Bifida	..	..	..	..	3	3	6
Muscular Dystrophy	..	..	..	..	2	—	2
Congenital Deformity	..	..	..	..	2	2	4
Cystic Fibrosis	..	..	..	..	1	2	3
Post Poliomyelitis	..	..	..	..	1	1	2
Heart Disease	..	..	..	..	1	1	2
Brittle Bones	..	..	..	..	—	1	1
Cerebral Palsy	..	..	..	..	4	2	6
Perthe's Disease	..	..	..	..	3	2	5
Leukaemia	..	..	..	..	1	—	1
Brain Damage	..	..	..	..	1	—	1
Delicate	..	..	..	..	18	6	24
Speech Defects	..	..	..	..	9	1	10

BIRCHLEY SCHOOL

I am indebted to Mr. J. Arrow, Head Teacher, for the following report:—

The School, originally intended to open at Easter, eventually opened its doors for the first time to pupils on the 14th June, 1971.

Although we only began with eight pupils much work had been put into the vetting and selecting of our children. Much care had to be taken in this, the first process of selection of the children for Warley's new Day School for Maladjusted Children.

For a school of this nature to be successful it is important that we should be in a position to develop a therapeutic environment, an environment where the children will have the freedom to express themselves in both speech and action *without* giving them "Laissez-faire". This meant then that we had to select a group of children presenting a variety of problems not just accept the behaviouralistic ones and become a dumping ground.

The original group consisted of eight children, six boys and two girls. They exhibited symptoms which fell into the following categories:—

					<i>Boys</i>	<i>Girls</i>
Behaviour Disorder	..	..	..	..	2	1
School Refusal, Neurotic	..	..	..	..	1	—
Behaviour Disorder, Encopretic	..	..	..	..	1	—
Psychotic	..	..	..	..	—	1
Anxiety State, Neurotic	..	..	..	..	1	—
Elective Mutism, Encopresis	..	..	..	..	1	—
					—	—
					6	2
					—	—

Of the eight children admitted, four had more than one symptom exposed.

The staffing ratio is very high at the moment as we were permitted to appoint the bulk of the staff at the outset. Warley has shown great foresight in this because we have been able to embark on our own “in-service training” scheme and we have already the foundation of a good team.

As I have already indicated above, the children come to us with one or more of a variety of emotional problems. Because of their emotional problems, many of the children are under-achieving academically. In some cases emotional problems have been caused by the under-achieving itself. Before we can expect the children to make progress with their basic education, we must provide for them primary experiences which they may have missed in their earlier years. By developing our therapeutic environment we allow the children to form stable relationships which they have always failed to do in the past. All children *do* some basic work each day, but each child is treated individually; no pressure is brought to bear where a particular child is unable or not ready to withstand it.

More than I had dared to hope for are the good relationships with the children’s parents. We have recently had an Open-Coffee Evening and most of the parents attended. Both parents and staff are surprised at the progress that the children are making. Remarks such as these were commonplace:—

- “He sleeps in his own room now”
- “She will go upstairs in the dark now”
- “Happy to run errands now”
- “She will talk to us now”
- “Doesn’t wet the bed so often”
- “The temper tantrums are not so often now”
- “She doesn’t seem to swear now”
- “He does like coming to school now”
- “We are pleased he reads to us now”
- “She even goes out to play now”

We are indebted to Dr. Lloyd and Dr. Joanes for their help and continuing support from the earliest days. More recently we have had the pleasure of the support from Mr. R. Hart and the work he has done with the children. I am also grateful for the part they all play in our group staff meetings.

Dr. Lloyd spends all Thursday with us and manages to give both children and staff a generous share of her time. It is largely due to her that we have been able to develop such a close contact with local general practitioners and many of her psychiatric colleagues who have patients in the school.

At the 31st December, 1971, 15 children were attending the School. They exhibited symptoms which fell into the following categories:—

							<i>Boys</i>	<i>Girls</i>
Behaviour Disorder	..	..	..	..	..	..	4	1
Behaviour Disorder, Encopresis/Enuretic	..	..	..	..	..	..	1	1
Behaviour Disorder, School Refusal	..	..	..	..	..	..	1	—
School Refusal, Neurotic	..	..	..	..	..	..	2	—
Encopretic, Elective Mutism	..	..	..	..	..	..	1	—
Encopretic, Neurotic	..	..	..	..	..	..	1	—
Anxiety State, Enuretic	..	..	..	..	..	..	1	—
Psychotic	..	..	..	..	..	..	—	1
Neurotic	..	..	..	..	..	..	1	—
							—	—
							12	3
							==	==

Of the fifteen children in school, eight have one or more symptoms exposed.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

The Bye-laws under the Children and Young Persons' Act of 1933, as amended by the Education Act of 1944, are in force in the Borough.

The number of Certificates granted during the year was 216—144 for boys and 72 for girls.

NATURE OF PROPOSED EMPLOYMENT:

							<i>Boys</i>	<i>Girls</i>
Delivering Newspapers	..	..	..	..	..	..	106	20
Errands	..	..	..	..	..	..	17	—
Shop Assistants	..	..	..	..	..	..	16	46
Milk Delivery	..	..	..	..	..	..	4	—
Hairdressing	..	..	..	..	..	..	—	3
Laundry	..	..	..	..	..	..	—	—
Other	..	..	..	..	..	..	1	3
							—	—
							144	72
							==	==

SCHOOL HEALTH SERVICE COST

The approximate cost of the School Health Service during the year was £111,800.

PART V - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

A - PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by year of Birth)	No. of Pupils who received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental disease and infestation with vermin)		
		Satisfactory No.	Un-satisfactory No.		For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1967 and later	364	357	7	—	7	18	24
1966	1493	1475	18	—	35	107	120
1965	812	796	16	—	18	61	68
1964	104	104	—	—	5	8	11
1963	73	73	—	—	2	5	7
1962	72	72	—	—	7	5	11
1961	759	753	6	1587	32	128	123
1960	97	97	—	—	6	11	15
1959	48	47	1	—	1	3	3
1958	37	36	1	—	3	1	4
1957	910	899	11	—	21	72	76
1956 and earlier	868	848	20	—	20	52	65
Total	5637	5557	80	1587	157	471	527

Column (3) total as a percentage of Column (2) total 98.58 } to two places
 Column (4) total as a percentage of Column (2) total 1.42 } of decimals.

B - OTHER INSPECTIONS

Number of Special Inspections	..	..	..	3,662
Number of Re-Inspections	..	..	..	2,907
				Total 6,569

C - INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in Schools by School Nurses or other authorised persons	..	..	..	..	..	64,851
(b)	Total number of individual pupils found to be infested	..	..	..	..	..	1,064
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	..	..	..	..	..	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	..	..	..	..	..	—

SCREENING TESTS OF VISION AND HEARING

The vision of all school entrants is tested as soon as possible after entry at the first school medical inspection. Subsequent vision tests are arranged annually. Children are given a colour vision test at the age of 11 years.

The testing of hearing is carried out by School Nurses on children soon after their admission to the Junior School. Any child who has a hearing loss is referred to an audiometric clinic where the audiogram is checked and further testing carried out by a Medical Officer. Children may be given advice, referred to the family doctor for treatment or, where appropriate, to an ear and throat surgeon. Other children may be referred from clinics, school medical inspections or by the Speech Therapist. In other cases children are given an audiometric test when referred by the Head Teacher.

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

A - PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections			
			Entrants	Leavers	Others	Total
4	Skin	T	18	37	22	77
		O	124	102	46	272
5	Eyes:					
	a. Vision	T	60	41	56	157
		O	236	100	42	378
	b. Squint	T	24	7	9	40
		O	63	14	12	89
	c. Other	T	5	3	4	12
		O	19	20	9	48
6	Ears:					
	a. Hearing	T	6	11	10	27
		O	56	27	58	141
	b. Otitis Media ...	T	5	10	11	26
		O	85	26	46	157
	c. Other	T	1	—	1	2
		O	6	5	6	17
7	Nose and Throat ...	T	33	13	16	62
		O	258	48	96	402
8	Speech	T	18	2	8	28
		O	69	13	15	97
9	Lymphatic Glands ...	T	3	1	1	5
		O	105	6	28	139
10	Heart... ..	T	4	3	1	8
		O	34	18	12	64
11	Lungs	T	14	6	17	37
		O	130	32	48	210
12	Developmental:					
	a. Hernia... ..	T	8	—	3	11
		O	30	4	7	41
	b. Other	T	9	5	17	31
		O	68	23	27	118
13	Orthopaedic:					
	a. Posture	T	1	1	—	2
		O	64	57	16	137
	b. Feet	T	11	3	8	22
		O	118	71	39	228
	c. Other	T	8	8	3	19
		O	59	43	25	127
14	Nervous System:					
	a. Epilepsy	T	1	2	3	6
		O	13	8	4	25
	b. Other	T	4	1	7	12
		O	45	11	26	82
15	Psychological:					
	a. Development ...	T	1	—	—	1
		O	70	27	26	123
	b. Stability	T	1	—	3	4
		O	112	67	45	224
16	Abdomen	T	2	3	5	10
		O	17	7	16	40
17	Other... ..	T	5	10	15	30
		O	33	55	50	138

B - SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Pupils Requiring	
4	Skin... ..	T	58
		O	27
5	Eyes:		
	a. Vision	T	11
		O	3
	b. Squint	T	1
		O	—
	c. Other... ..	T	12
		O	7
6	Ears:		
	a. Hearing	T	7
		O	16
	b. Otitis Media	T	7
		O	9
	c. Other... ..	T	3
		O	5
7	Nose and Throat	T	7
		O	32
8	Speech	T	7
		O	2
9	Lymphatic Glands	T	—
		O	4
10	Heart	T	—
		O	4
11	Lungs	T	10
		O	30
12	Developmental:		
	a. Hernia	T	1
		O	6
	b. Other... ..	T	7
		O	10
13	Orthopaedic:		
	a. Posture	T	3
		O	2
	b. Feet	T	10
		O	10
	c. Other... ..	T	13
		O	8
14	Nervous System:		
	a. Epilepsy	T	8
		O	10
	b. Other... ..	T	16
		O	30
15	Psychological:		
	a. Development	T	12
		O	41
	b. Stability	T	31
		O	44
16	Abdomen	T	1
		O	10
17	Other	T	335
		O	154

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

A - EYE DISEASES, DEFECTIVE VISION AND SQUINT

	No. of cases known to have been dealt with
External and other, excluding errors of refraction and squint	131
Errors of refraction (including squint) ..	151
TOTAL	282
Number of pupils for whom spectacles were prescribed	929

B - DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	No. of cases known to have been dealt with
Received operative treatment:—	
(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis	5
(c) for other nose and throat conditions	—
Received other forms of treatment ..	71
TOTAL	77
Total number of pupils still on the Register of Schools at 31st December, 1971 known to have been provided with hear- ing aids:	
(a) during the calendar year 1971 ..	6
(b) in previous years	17

C - ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out- patients' departments	123
(b) Pupils treated at school for postural defects	6
TOTAL	129

D - DISEASES OF THE SKIN
(excluding uncleanness)

	No. of pupils known to have been treated
Ringworm - (a) Scalp	9
(b) Body	2
Scabies	14
Impetigo	40
Other skin diseases	938
TOTAL	1,003

E - CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics ..	86

F - SPEECH THERAPY

	Number known to have been treated
Pupils treated by Speech Therapist ..	543

G - OTHER TREATMENT GIVEN

	Number known to have been treated
(a) Pupils with minor ailments ..	2,269
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	1,438
(d) Other than (a), (b) and (c) above: U.V.R.	43
TOTAL	3,750

DENTAL INSPECTIONS AND TREATMENT CARRIED OUT BY THE AUTHORITY

1.—INSPECTIONS

		Number of Pupils		
		Inspected	Requiring Treatment	Offered Treatment
(a) First inspection—School	...	19,796	} 15,358	} 13,864
(b) First inspection—Clinic	...	2,886		
(c) Re-inspection— School or Clinic	... ..	190	173	173
Totals	...	22,872	15,531	14,037

2.—VISITS

		Ages 5—9	Ages 10—14	Ages 15 & over	Total
First visit in the calendar year		3,972	2,931	628	7,531
Subsequent visits	... ..	6,988	6,634	1,516	15,138
Total visits	...	10,960	9,565	2,144	22,669

3.—COURSES OF TREATMENT

Additional courses commenced		185	108	20	313
Total courses commenced	...	4,157	3,039	648	7,844
Courses completed	... ..				5,982

4.—TREATMENT

Fillings in permanent teeth	...	4,364	7,566	2,067	13,997
Fillings in deciduous teeth	...	5,786	490	—	6,276
Permanent teeth filled	...	3,302	6,205	1,772	11,279
Deciduous teeth filled	...	5,047	447	—	5,494
Permanent teeth extracted	...	240	826	203	1,269
Deciduous teeth extracted	...	3,810	1,053	—	4,863
Number of general anaesthetics		974	214	12	1,200
Number of emergencies	...	72	28	3	103

Number of pupils X-rayed...	...	...	...	...	...	496
Prophylaxis ...	...	...	...	...	...	4,159
Teeth otherwise conserved...	...	...	...	...	...	354
Teeth root filled ...	...	...	...	...	...	37
Inlays...	...	...	...	...	...	2
Crowns ...	...	...	...	...	...	62

5.—ORTHODONTICS

New cases commenced during the year ...	...	...	...	...	81
Cases completed during the year ...	...	...	...	...	29
Cases discontinued during the year ...	...	...	...	...	14
Number of removable appliances fitted ...	...	...	...	...	98
Number of fixed appliances fitted...	...	...	...	...	—
Number of pupils referred to Hospital Consultants ...	...	...	...	...	73

6.—DENTURES

	Ages 5—9	Ages 10—14	Ages 15 & over	Total
Number of pupils fitted with dentures for the first time:				
(a) with full denture ...	—	—	1	1
(b) with other dentures ...	2	8	4	14
Total ...	2	8	5	15
Number of dentures supplied (first or subsequent time) ...	2	8	7	17

7.—ANAESTHETICS

Number of general anaesthetics administered by Dental Officers	—
--	---

8.—SESSIONS

	Admini- strative Sessions	Number of clinical sessions worked in the year					Total Sessions
		School Service			M. & C.W. Service		
		In- spection at School	Treat- ment	Dental Health Education	Treat- ment	Dental Health Education	
Dental Officers (including P.S.D.O.)	188	112	2,917	16	116	10	3,359
Dental Auxiliaries	—	—	—	—	—	—	—
Dental Hygienists	—	—	—	—	—	—	—
Total	188	112	2,917	16	116	10	3,359

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